

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

March 22, 2005

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Brock Enterprises LLC, d.b.a. The Bristo Ballroom, 2112 Cornhusker Highway requesting a class I liquor license.

Kendra Brock, president has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kendra Brock was born in Scottsbluff, Nebraska. She attended Northeast High School graduating in 1997.

Kendra Brock employment history is as follows:

2003 – Present

Madonna Hospital, CNA

Lincoln, NE.

2001 - 2003

Driver, Waverly School

Waverly, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police





CITY OF LINCOLN NEBRASKA

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

Office of the City Clerk 555 South 10th Street Suite 103 Lincoln, Nebraska 68508 402-441-7436 fax: 402-441-8325 Brock Enterprises LLC The Bristo Ballroom %Kendra Brock 2112 Cornhusker Highway Lincoln NE 68504

> Re: Application - Class I liquor license at 2112 Cornhusker Highway

Dear Ms. Brock:

I am in receipt of your application for a Class I liquor license on property at 2112 Cornhusker Highway. Please be advised that you must apply for and obtain approval of a special permit for alcohol sales on this property prior to my scheduling your application for the liquor license on the City Council's formal agenda.

You should apply for the special permit directly to the Planning Department at 441-7491. If you have any questions in regard to this application process, do not hesitate to contact me at 441-7438.

Sincerely,

Joan E. Ross, CMC City Clerk

cc: Investigator Fosler, LPD



Liquor License Business Report Completed by Inv. Fosler #843
Business Name: The BRISTO BALLROOM
Address: 2/12 Colonhustee Phone: Pending Type of Investigation: Purchase Upgrade Expansion New
Type of Investigation: Purchase Upgrade Expansion New
Owner Manager Other:
Type of Business: Bangethin 11
Liquor Class A B C D DJ K Catering Other:
Ownership: Corporation Partnership Individual
Amount Financed 30,000 Source: 1ST STATE BANK
Lease Agreement: 34R @ 3500 00
Sales: %Food: %Liquor: 100
Located: Commercial Industrial Residential
Traffic Flow: Modeente Off Street Parking: Yes No
Ready for Operation: Yes No/Est Date: May /
Food Service: Yes No Employees: F/T O P/T 2
Est Seating: 400 Est Daily Customers - De pends on Event
Hours of Operation:
Any Additional Comments:

Business (DBA) The BRISTO BAILROOM
Manager Owner Other_
Name: KENDRA BRUCK
US Citizen? Yes No
Has applicant ever been cited for liquor law violations? Yes Explain
Does applicant have an interest in another liquor license ? No Yes Explain_
Is spouse qualified to hold a license ? Yes No N/A
How is applicant if not an owner to be paid? Salary Hourly $-\omega/\mu$
How many hours will applicant be at the establishment?
Any other employment? No Yes, explain madown Rohas
Any previous experience with a liquor license? Yes
Any criminal convictions No Yes Comments
Is applicant a property owner in Lincoln? Yes No
Is applicant involved in any civil litigation? No Yes Comments
(Photo (Records Check (References
Comments
Interview Date 3 / 22 / 05

Liquor License Investigation



Russ

PH: 4-18-05 STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION Hobert B. Rupe Executive Director

301 Centennial Mall South, 5th Floor P.O. Box 95046 Lincoln, Nebraska 68509-5046 Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY) web address: http://www.nol.org/home/NLCC/

RECEIVED MAR 1 6 2005 BY: CHy Clerk

March 15, 2005

Lincoln City Clerk 555 S. 10th Street Lincoln, NE 68508 A5-026900 127

Re:

Dear Local Governing Body:

Liquor application for Brock Enterprises, LLC dba the Bristo Ballroom ocal Governing Body:

Olars I Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE ... A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees:
- 2) Physical possession of the license:
- 3) Effective date on the license

Sincerely.

NEBRASKA LIQUOR CONTROL COMMISSION

Licensing Division

Enclosures

Rhonda R. Flower Commissioner

Bob Logsdon Chairman

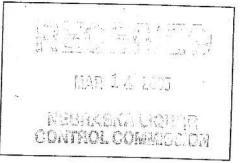
R.L. (Dick) Coyne Commissioner

New License #- I-67474 Replacing C-12919 Lease

!.nol.org/home/NLCC/ 2) 471-2571 471-2814

por Control Commission U.S. citizenship for each

2. Copy of office confidence of maconing individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and



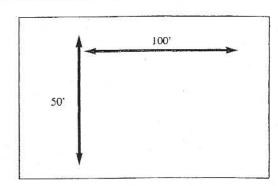
FORM 35-4010

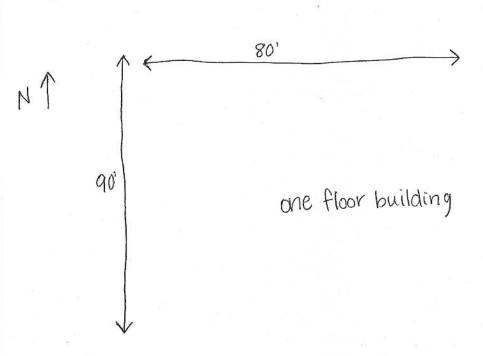
processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in Triplicate

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH Class of License Registration License Submit Copy (Check applicable class) Fee Fees of Bond A Beer, On Sale Only - Inside Corporate Limits \$45.00 Collected at Local Level exempt F Beer, On Sale Only - Outside Corporate Limits \$45.00 Collected at Local Level B Beer, Off Sale Only - Indicate Inside or Outside Corporate Limits exempt \$45.00 Collected at Local Level Wine, Beer, On Sale Only - Inside Corporate Limits exempt \$45.00 Collected at Local Level X Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits exempt \$45.00 Collected at Local Level exempt D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits \$45.00 \$150.00 exempt D1 Spirits, Wine, Beer, Off Sale only - within extraterritorial zoning jurisdiction \$45.00 \$150.00 exempt Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits \$45.00 Collected at Local Level exempt M Bottle Club (Spirits, Wine, Beer, on Sale) \$45.00 Collected at Local Level exempt H Nonprofit Corporation \$45.00 Collected at Local Level K Wine Only, Off Sale exempt \$45.00 Collected at Local Level exempt O Boat \$45.00 \$ 50.00 exempt Manufacturer of Beer, Wine & Distilled Spirits \$45.00 Varies \$100 to \$1,000 \$10,000 min. X Wholesale Liquor \$45.00 \$500.00 \$ 5,000 min. W Wholesale Beer \$45.00 \$250.00 \$ 5,000 min. Y Farm Winery \$45.00 \$250.00 \$ 1,000 min. L Craft Brewery (Brew Pub) \$45.00 \$250.00 \$ 1,000 min. TYPE OF APPLICATION Name Of Person Assisting With Application Name: Type of application being applied for (place appropriate number in box) 1= Individual License requires Firm Name: Form 1 to be attached. 2= Partnership License requires Form 2 to be attached. 3= Corporate License requires Form 3 and Manager Application be attached. SECTION A - LOCATION INFORMATION - Must be completed by all applicants Trade Name (name of business) Telephone Number at premise to be licensed The Bristo Ballroom 1) Street Address of Proposed licensed premise 2) Mailing Address for receipt of 2112 Cornhusker Liquor Control Commission mailings Is this located inside the city limits 3451 City City Zip Code Lancaster Lincoln 68521 Lincoln Lancaster

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.





Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

SECTION B OTHER INFORMA	ATION REQUIRED		
	Yes	No	Explanation/Comments
1. READ CAREFULLY. Answer completely and accurately. Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor or violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.		7	

	T	1	
	Yes	No	Explanation/Comments
 Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). 		/	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		/	Kepl. 12919
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	J		First State Bank
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		\/-	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		/	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		/	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		/	4 6
 Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties. 		/	=
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.		t Stat	te Bank vock
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	None		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	Kendra Brock 25 hvs/WK		
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	None at this time Will take hospitality class		nis time nospitality class
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed).	1/31/08		
15. When do you intend to open for business?	Apr	il (,	2005

	· (YEAR)	STATE)
1995	2005	Lincoln NE
1995	1998	Hickman NE
1998	2005	Lincoln NE
	1996	1996 1998

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign Jacol Breek	sign
here sign Kindia Block sign	here sign here sign
sign sign here	here sign here
Subscribed in my presence and sworn to before me this	day of March 2005

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

(SEAL)

GENERAL NOTARY - State of Nebraska
RITA M. LOTTMAN
My Comm. Exp. 10-1-05

NEBRASKA LICISION CONTROL COMPAGNE PER

Retar Hottman

Notary Public Signature

Corporation/LLC Applic Nebraska Liquor C	ation for License - Form Control Commission	13	
INSTRUCTIONS: 1) Application and application for manager must be 2) Fingerprint cards (2 cards per person) must be s 25% of the stock, b) chief executive officer, c) pro 3) Information regarding spouses must be complete Required areas marked by a red asterisk (*)	submitted for: a) each stockholder oposed manager and d) all spouses	licate owning over	
Name of Corporation That Will Hold License. At Incorporation Brock Enterprises L.L.C.	ttach copy of Articles of	Total Nucorporat	umber of Shares (if ion)
Comparata Street Address	Mailing address for receipt of	Liquar Control	Commission Mailings
Corporate Street Address 2112 Cornhüsker Hwy *	3451 N 52	*	Commission Mannigs
Corporate Telephone Number Lincoln *	County Lancaster	State NE	Zip Code 68504 * -
Name of Registered Agent Kendra Brock *	Name of Propose Kendra Brock	d Manager	Para et anno assistant assistant
and the state of t	THE NAME OF THE CHIEF E	XECUTIVE O	FFICER
Name Kendra Brock	Title Chief Executive O	fficer *	Date of Birth 04/20/79 #
Social Security Number Home Address 505-17-0574 * 3451 N 52 St	CONTRACTOR OF THE PROPERTY OF THE WORKSHIPPING THE STORE OF THE PROPERTY OF TH	Ci Li	ncoln *
State Zip Code NE * 68504 * -	TOTAL CONTROL OF THE PARTY OF T	Iome Telephone 02-560-5308	Number
PRINCIPLE OFFICERS, DIRI	ECTORS, STOCKHOLDERS, M	IEMBERS AN	D SPOUSES
Name of Officers, Directors, Members and Spouse Last Name, First Name, Middle, Maiden, and a aliases		ate of Birth	Title
Name	guidestatus de de la companya de la	المتخدون والمناف والمناف والمحاد ووجو المتعلق المتحادث	galleriana in the enterprise programme and programme and the same
Brock, Jared, Allan	507-23-3725	4/01/80	Vice President
Spouse Name EVOCK Kenona Partner Number of Shares / % 4500	Spouse Number of Shar	4.20.7°	TCED
Name of Officers, Directors, Members and Spouse Last Name, First Name, Middle, Maiden, and a aliases	Social Security	ate of Birth	Title

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45	and the second s	**	
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	a de la comp		
Partner Number of Shares / %	Spouse Number of	of Shares / %	armountains
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name	gr инстанция о политический политический политический политический политический политический политический поли	P grid Cichrosonana violent revarentaco canaco	ODET
	10 ASS.		
Spouse Name	gradel all time is the introductional recommendation or recommendation	C STATE OF THE DESCRIPTION OF THE PROPERTY OF	
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Partner Number of Shares / %	Spouse Number of	f Shares / %	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
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		1	
Spouse Name	Ser and control of the service of th	•	TO SEPTEMBER OF STATE
	TO PARK	ı	on each
Partner Number of Shares / %	Spouse Number of	f Shares / %	Wellerweich
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any diases	Social Security Number	Date of Birth	Title
Name			
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pouse Name	good Account with a local and consequent reserve	580.000mm to	
		Distriction,	
Partner Number of Shares / %	Spouse Number of	Shares / %	- Country
Necessary, Continue on Separate Sheet)		- tarring last	
this Corporation/LLC controlled by another Corporation?			
Jame of control Corporation			

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAT 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your cor	porate tax year with the IR	S	
Starting date: 2005	Ending date: 2005		
State of Nebraska)	
	8)	SS.
Lamacter com	- F.	1	

MAR 1 1 20) MEBRASIA MOTELL CONTROL COMMICERON

GENERAL NOTARY - State of Nebraska
RITA M. LOTTMAN
My Comm. Exp. 10-1-05
Notary Public Signature & Seal

By Kindia Block
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Secretary/Member

Verify Form and Print

FORM 35-4183 REV. 02/01

Application for Corporate Manager

Must Be A Nebraska Resident Please submit in Triplicate



Phone: (402) 471-2571	Fax: (402) 471-2814	Web addres	s: http://www	v.nol.org/home/NL	CC/
Required areas marked by	red asterisk (*)				
W	LIQUOR LICE	ENSE INFORM	1ATION		
Name of Licensed Corpora	ntion	(Class & Licen	se number	39
Brock Enterprises L.L.C.	*	ĵ.	de l'estate de la companya de la com	2	l :
T 1 3	Ti.				
Trade Name of Licensed P The Bristo Ballroom	remise				
The Bristo Ballioom		24			
Street Address of Licensed	Premise	City		County	
		динетический компинентого полицений медалицения	their brick and other stary	динентициий институтов политиции	A STANSON OF THE STANSON
On behalf of the corporation		ndia () Bro		21
Signature of Corporat	on, I designate this individua	l as corporate mai	nager. Blo BE 21 OR 6	ck_	38
On behalf of the corporation Signature of Corporat AF Full Name (Last, First, Mic	e President/CEO:	l as corporate mai	BE 21 OR	OVER) Social Security Num	
On behalf of the corporation Signature of Corporat AF Full Name (Last, First, Mic	e President/CEO:	l as corporate mai	nager. Blo BE 21 OR 6	CKOVER)	
On behalf of the corporation Signature of Corporat AF Full Name (Last, First, Min Brock, Kendra, Dee, Batt	e President/CEO:	l as corporate mai	BE 21 OR	OVER) Social Security Num	
On behalf of the corporation Signature of Corporat AF Full Name (Last, First, Mic Brock, Kendra, Dee, Batt	e President/CEO;	l as corporate mai	BE 21 OR C	OVER) Social Security Num	
On behalf of the corporation	e President/CEO:	l as corporate mai	BE 21 OR C	OVER) Social Security Num 505-17-0574	
On behalf of the corporation Signature of Corporate AF Full Name (Last, First, Mic Brock, Kendra, Dee, Batt Date of Birth 04/20/79 Home Street Address	e President/CEO;	l as corporate man	BE 21 OR C	OVER) Social Security Num 505-17-0574	
On behalf of the corporation Signature of Corporat AF Full Name (Last, First, Mic Brock, Kendra, Dee, Batt	e President/CEO;	l as corporate man	BE 21 OR C	OVER) Social Security Num 505-17-0574	
On behalf of the corporation Signature of Corporate AF Full Name (Last, First, Mic Brock, Kendra, Dee, Batt Date of Birth 04/20/79 Home Street Address	e President/CEO;	l as corporate man	BE 21 OR C	OVER) Social Security Num 505-17-0574 * County Lancaster	iber *

Drivers License Number

H12310933

402-560-5308

State

NE

Are You Married? * Yes No If Yes, You must complete the following:

32 7013

Full Name (Last, First, Middle, Maiden)		Social Security Number
Brock, Jared, Allan		507-23-3725
Drivers License Number H12380459	State NE	Date of Birth 04/01/80
Place of Birth Lincoln, NE		
* 1. READ CAREFULLY . Answer completely and Has anyone who is a party to this application, or their charge. Criminal charge means any charge alleging a violation of a local law, ordinance or resolution. List and month of the conviction or plea. Also list any charge party, please list charges by each individual's name. Yes No	ir spouse, <u>ever</u> been conv felony or misdemeanor the nature of the charge,	violation of a federal or state law, or a where the charge occurred and the year
* 2. Have you or your spouse ever made application at YES, for what premise give license number and date. Yes No	for any liquor license or	manager for any liquor license? IF
* 3. Have you or your spouse ever made a compromis	se settlement for violation	n of such laws?
* 4. Do you, as a manager, have all the qualifications License? Nebraska Liquor Control Act (§53-131.01) Yes No	required by any person o	entitled to hold a Nebraska Liquor
5. Have you filed fingerprint cards and PROPER F application? Yes No	TEES (if check, make out	t to the NE State Patrol). with this

RESIDENCES FOR PAST 10 YEAR	RS, API	PLICANT AND SPOUSE MUST COMPLETE
	7	<i>T</i> ear
	From	То
Applicant: City & State		
Lincoln, NE	95	05
Spouse: City & State		
Lincoln, NE	95	05
	Y	ear
	From	То
Applicant: City & State		
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Spouse: City & State		
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Spouse: City & State	,	
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Spouse: City & State		
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EMPLOYERS - I	LIST LA	AST TWO EMPLOYERS
1999,000		Year
Name of Employer		From To
Madonna Rehabilitation Hospital		2003 2005
Name of Supervisor		Telephone Number
Kim Dohte	išliik —	402-489-7102
		Year
Name of Employer		From To
Waverly School District # 145		2001 2003

Name of Supervisor Carleen Dowding

Telephone Number 402-786-2015

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)

SS

COUNTY OF

REDRASKA I KULTU GOMUNDU GOMUNDA

MAR ARI

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Subscribed in my presence and sworn to before me this day of 1 bench 2005

GENERAL NOTARY - State of Nebraska

RITA M. LOTTMAN

My Comm. Exp. 10-1-05

Subscribed in my presence and sworn to before me this

Signature of Spouse (if applicable)

7th day of March 2005

Notary Signature & Seal

Verify and Print

FORM 35-4013 REV. 2/01

GENERAL NOTARY - State of Nebraska

My Comm. Exp.

RITA M. LOTTMAN



Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

March 16, 2005

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Sekips Inc., d.b.a. Spikes Beach Bar & Grille, 2300 Judson Street requesting a class C liquor license.

Derek Breemes, Vice president has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Derek Breemes was born in Lincoln, Nebraska. He attended Northeast High School graduating in 1985.

Mr. Breemes was employed at Goodyear Tire & Rubber, Lincoln, Nebraska 1987 – 2004.

Mr. Breemes has completed the Responsible Hospitality manager class.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

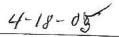
THOMAS K. CASADY, Chief of Police

Liquor License Business Report Completed by Inv. Fosler #843
Business Name: Sp. KES
Address: 2300 Judson Phone: 477-1175
Type of Investigation: Purchase Upgrade Expansion New Owner Manager Other:
Type of Business: BAR & GRILLE
Liquor Class A B © D I J K Catering Other:
Ownership: Corporation Partnership Individual
Amount Financed: 1.8 mil Source: In Process
Lease Agreement: OWN
Sales: %Food: ONK %Liquor: ONK
Located: Commercial Industrial Residential
Traffic Flow: moderate Off Street Parking: (Yes) No 280 Spots
Ready for Operation: Yes No Est Date: MAY 2004
Food Service: Yes No Employees: F/T 20 P/T 35
Est Seating: 240 Est Daily Customers 500
Hours of Operation: 11 Am - 1 Am Es?
Any Additional Comments:

Liquor License Investigation

Business (DBA) DEREK BREEMES SPIKES
Manager Other
Name: DEREK BROOMES
US Citizen? Yes No
Has applicant ever been cited for liquor law violations? (No) Yes Explain
Does applicant have an interest in another liquor license ? No Yes Explain_
Is spouse qualified to hold a license Yes No N/A
How is applicant if not an owner to be paid? Salary Hourly NA
How many hours will applicant be at the establishment? 60 +
Any other employment? No Yes, explain
Any previous experience with a liquor license? Yes
Any criminal convictions ? No Yes Comments
Is applicant a property owner in Lincoln? Yes No
Is applicant involved in any civil litigation? No Yes Comments
Photo (+) Records Check (+) References
Comments
nterview Date 3 / 1/ / a f

STATE OF NEBRASKA





Mike Johanns Governor

Lincoln City Clerk City/County Building 555 S 10 Street Lincoln, NE 68508

RE:

License for C #67318

Dear Local Governing Body:

RECEIVED MAR 0 7 2005

March 3, 2005

NEBRASKA LIQUOR CONTROL COMMISSION Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571 Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: http://www.nol.org/home/NLCC/

Sekips, Inc dba Spikes Beach Bon & Atrille 2300 Judson Class C. AS-025668

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-1) 134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- There is a recommendation of denial from the local governing body, 1)
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- Upon payment of the license fees; 1)
- Physical possession of the license; 2)

3) Effective date on the license.

Rhonda R. Flower

Commissioner

Enclosures

Sincerely.

NEBRASKA LIQUOR CONTROL COMMISSION

Jackie B. Matulka

Licensing Division

Bob Logsdon Chairman

R.L. (Dick) Coyne 10:00 Commissioner

An Equal Opportunity/Affirmative Action Employer

pplication for License

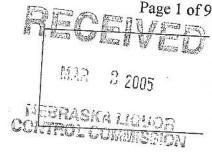
APPLICATION FOR LICENSE

Nebraska Liquor Control Commission PO Box 95046,

301 Centennial Mall South Lincoln, NE 68509-5046

http://www.nol.org/home/NLCC/ Phone: (402) 471-2571

Fax: (402) 471-2814



NSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth ertificate or naturalization papers proving U.S. citizenship for each individual and spouse named on oplication (not required of corporations or spouse(s) who file an affidavit of no interest with application, ommission form 4178 3. Corporations must include copy of articles of incorporation as filed with the ecretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint ırds and processing fees (are required of individuals, all partners and spouses. Corporate applicants must e for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or inted clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

LASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License	ISMADE	AND LIST OF FE	ES FOR EACH
(Check applicable class) *	Registrat Fee	tion License Fees	Corporate Surety Bond *send copy
A Beer, On Sale Only - Inside Corporate Limits F. Beer, On Sale Only -	\$45.00	Level	al exempt
F Beer, On Sale Only - Outside Corporate Limits B Beer, Off Sale Only - Inside/Outside Corporate mits	\$45.00	Level	exempt
	\$45.00	Collected at Loca Level	exempt
J Wine, Beer, On Sale Only - Inside Corporate Limits I Spirits, Wine, Beer, On Sale Only - Inside Corporate nits	\$45.00	Collected at Loca Level	exempt
D Spirits, Wine, Beer, Off Sale Only - Inside Corporate	\$45.00	Collected at Loca Level	1 exempt
-portice Limits	\$45.00	\$150.00	exempt
D1 Spirits, Wine, Beer, Off Sale Only - within raterritorial zoning jurisdiction C Spirits Wine Boar On 8 Officers	\$45.00	\$150.00	exempt
rporate Limits The control of the c	\$45.00	Collected at Local Level	100
M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
Wine Only, Off Sale O Boat	\$45.00	Collected at Local Level	exempt
	\$45.00	\$50.00	exempt
/www.nol.org/home/NLCC/35-4010.html	1	1	

	<u>#2</u>		1 450 2 01
V. Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

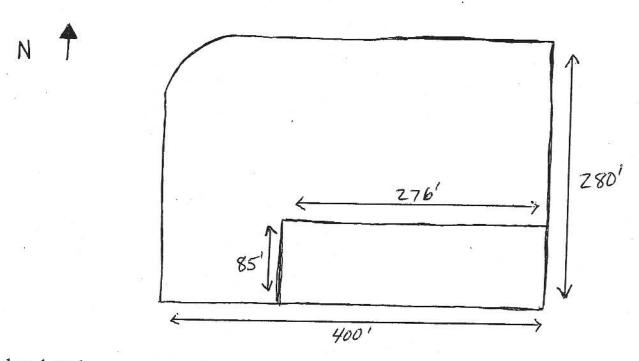
NAME O	F PERS	ON ASSISTI	NG WITH APPLICATION
		¥	
Name Firm Name		A	ddress
INFORMAT	ION N	Aust be comp	pleted by all applicants
	Telepho	one Number a	t premise to be licensed
l premise	Commi	ssion mailings	
side the city		City Líncoln Zip Code 68516	County
	Name Firm Name INFORMAT	Name Firm Name INFORMATION N Telepho [402/47] I premise 2) Mail Commi	Firm Name A INFORMATION Must be comp Telephone Number a 402/477-1175 2) Mailing Address ff Commission mailings 5430 S. Bristolwood f City Lincoln Zip Code

SCRIPTION AND DIAGRAM OF THE STRUCTURE TO LICENSED

the space provided draw the area to be licensed. This should lude storage areas, basement, sales areas and areas where isumption or sales of alcohol will take place. If only a portion of building is to be covered by the license, you must still include iensions (length x width) of the licensed area as well as the iensions of the entire building in situations where only a portion of entire bldg. is to be covered by the license. No blue prints will be epted. Be sure to indicate the direction North and number of floors he building.

×			

Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.



Enclosed outdoor area measuring approximately 400' x 280' which includes a single story building measuring approximately 276' x 85'.

ECTION B

OTHER INFORMATION REQUIRED *

REQUIRED			
	Yes	s No	Explanation/Comments Note: Only what is visible on screen will be printed
1. READ CAREFULLY. Answer completely and courately.	1		
as anyone who is a party to this application, or their pouse, ever been convicted of or plead guilty to any iminal charge. Criminal charge means any charge leging a felony or misdemeanor violation of a federal or ate law; or a violation of a local law, ordinance or solution. Include any DWIs or DUIs. List the nature of	Yes	No C	See Attachment
e charge, where the charge occurred and the year and onth of the conviction or plea. Also list any charges ending at the time of this application. If more than one arty, please list charges by each individual's name.			
2. Are you buying the business and/or assets of a ensee? If yes, submit a copy of the sales agreement with isting of assets being acquired including liquor inventory ame brand and container size required).	Yes	No •	4
3. Are you filing a temporary agency agreement, immission form 4231, whereby current licensee allows u to operate on their license? If yes, attach copy.	Yes	No ©	
Are you borrowing any money from any source to ablish and/or operate the business? If yes, list the lender.	Yes •		Local Back to be determined.
Will any person or entity other than licensee be itled to a share of the profits of the establishment? If yes, blain.	Yes	No 6	
			<u>-i</u>

Yes	s No	Coin Opperated Machines - VVS - Possible kitchen equipment - Various
Yes	No •	
Yes	No ©	^
Commercial	No @	
CHILS	app	argo - All parties signing in polication will be authorized on bank accounts.
Rhino Lic# Linco Linco Bruce	odyna C138 oln, oln, e D.	R. Korsakas - amics, Inc, Lincoln, NE 854. O'fourteen, Inc, NE Lic# C45853. PRA, Inc, NE Lic# C59720. Bailey - KABB, LLC, NE Lic# IK 44859
Derek	CL.	Breemes - 50 to 60 hours
	Yes C Yes C Well this sign Michaelic# Linco Bruce Kearn	Yes No C Yes No C Wells Fathis appring signors Michael Rhinodyn Lic# C13 Lincoln, Bruce D. Kearney,

3. List the training and experience of the person listed in #12
sove in connection with selling and/or serving alcohol
roducts.

Bartending, Main Street Bar & Grill. Pre-registered for Hospitality Risk Management class March 10, 2005

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased ubmit a copy of the lease covering the entire license year. Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)

Lease covering entire license year provided.

April 1, 2005

5. When do you intend to open for business?

6. List the principal residence for the past 10 years for all persons required to sign application. If

FROM (YEAR)	TO (YEAR)	RESIDENCE
1995		(CITY, STATE)
1995		Lincoln, NE
		Lincoln, NE
		Lincoln, NE
	1	Lincoln, NE
1995	2005	Líncoln, NE
2002	2005	Lincoln, NE
1999	2002	Norfolk, NE
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	(YEAR) 1995 1995 1995 1995 2002	(YEAR) (YEAR) 1995 2005 1995 2005 1995 2005 1995 2005 1995 2005 2002 2005 1999 2005 2002 2005

Throw not ora/hame/NI CC/35_4010 htm

he undersigned applicant(s) hereby consent(s) to a background investigation and release of present & nture records of every kind and description including police records, tax records (State and Federal), ank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of ction that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the ebraska State Patrol, and any other individual disclosing or releasing said information. Any documents records for the proposed business or for any partner or stockholder that are needed in furtherance of eapplication investigation or any other investigation shall be supplied immediately upon demand to the ebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and eknowledge that any license issued, based on the information submitted in this application, is subject to mcellation if the information contained herein is incomplete and/or inaccurate.

dividual applicants agree to supervise in person the management and operation of the business of that they will operate the business authorized by the license for themselves and not as an agent rany other person or entity. Corporate applicants agree the approved manager will superintend person the management and operation of the business. Partnership applicants agree one partner all superintend the management and operation of the business. All applicants agree to operate the ensed business within all applicable laws, rules, regulations, and ordinances and to cooperate lly with any authorized agent of the Nebraska Liquor Control Commission.

ust be signed in the presence of a notary public. Must be signed by applicant and spouse; if a rtnership, all partners and spouses must sign and corporation, all stockholders (holding more an 25% of the stock), officers, directors and spouses must sign. Full names only, initials not ceptable.

gn re_	Guff Br	Sign _Here_	David Litho
gn :re∠	Try Bulans	Sign _Here_	Janey B. Suth
gn :re_	O GER	Sign _Here_	Musmer 12 /hum
gn :re_	Mul J Brews	Sign _Here_	Cindy Kharsakae
bsc.	ribed in my presence and sworn to beform ANCH , 2005		c'T
			GENERAL NOTARY - State of Nebraska

(SEAL)

My Comm. Exp. June 21, 2007

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign here Notary Public Signature

Verify & Print form

FORM 35-4010

REV 1/01

RECEIVED

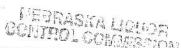
MAR 2 2005

NEBRASKA LIDUGA CONTROL COMMESSION



Application for Corporate Managera 2 2005

Must Be A Nebraska Resident
Please submit in Triplicate



	Tipicate State Spinishing
eturn to: Nebraska Liquor Control Commi 301 Centennial Mall So., Lincoln	
hone: (402) 471-2571 Fax: (402) 471-2814	Web address: http://www.nol.org/home/NLCC/
equired areas marked by a red asterisk (*)	
LIQUOR LICE	NSE INFORMATION
Jame of Licensed Corporation	Class & License number
iekíps Inc. *	C, Applied for *
rade Name of Licensed Premise	
pikesBeachBar&Grille *	
treet Address of Licensed Premise 300 Judson St. *	City County Lincoln * Lancaster *
	, <u>A</u>
n behalf of the corporation, I designate this ind	ividual as corporate manager.
ignature of Corporate President/CEO:	Dan Rhith
APPLICANT INFORMAT	TION (MUST BE 21 OR OVER)
ıll Name (Last, First, Middle, Maiden)*	Sex * F M C 6 Social Security Number 506-92-2872 *
ate of Birth 2/3/66 * Place of Birth Lincoln, NE	*
ome Street Address	City County
400 NW 3rd St *	Lincoln * Lancaster *

Home Telephone Number

Zip Code

ate

State

NE *

68521 *

402/438-8828 *

<u>3usiness Telephone Number</u> <u>402/477-1175</u> * Drivers License Number

G02066383 *

re You Married? * Yes & No C If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

ull Name (Last, First, Middle, Maiden)

3reemes, Christine Renee, Znamenacek

Social Security Number 508-06-3185

Orivers License Number

G16005402

State

Date of Birth

lace of Birth

incoln, NE

1. READ CAREFULLY. Answer completely and accurately.

las anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to ny criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the harge, where the charge occurred and the year and month of the conviction or plea. Also list any narges pending at the time of this application. If more than one party, please list charges by each idividual's name.

Yes No

6 (

See Attachment

2. Have you or your spouse ever made application for any liquor license or manager for any liquor cense? IF YES, for what premise give license number and date.

Yes No

C @

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

C 6

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a braska Liquor License?

Vebraska Liquor Control Act (§53-131.01)
--

Yes No

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), rith this application?

Yes No

(e. (

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

		Year			
		From To			
	Applicant: City & State				2
rcoln, NE	8 2	95 05	. 8		
	Spouse: City & State	9			
rcoln, NE		95 05	120		
	4	Year			
		From To			
	Applicant: City & State				
0.0					e .
	Spouse: City & State				
No.					
N LOUI		Year			
		From To		st.	
14-3/2*1	Applicant: City & State				
	Spouse: City & State				*
The second secon					

Year

From To

A	n	1	3
-4	U	1	. 3

5

-4013	Page 4 of
Applicant: City & S	tate
18	
Spouse: City & St	tate
EMPLOYERS	- LIST LAST TWO EMPLOYERS
	Year
ame of Employer	From To
ioodyear Tire & Rubber Co.	1986 2004
ame of Supervisor	Telephone Number
roy Misner	402/466-8311
	Year
ame of Employer	From To
	a La
ame of Supervisor	Telephone Number
PERSONAL OATH AND CONS	SENT OF INVESTIGATION - MUST BE SIGNED
	PPLICANT & SPOUSE
22.20	
2.	
T	

TATE OF NEBRASKA) **COUNTY OF**

he above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is te applicant and/or spouse of applicant who makes the above and foregoing application, that said oplication has been read and that the contents thereof and all statements contained therein are true. If ny false statement is made in any part of this application, the applicant(s) shall be deemed guilty of erjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

he undersigned applicant hereby consents to an investigation of his/her background including all cords of every kind and description including police records, tax records (State and Federal), and ank or lending institution records, and said applicant and spouse waive any rights or causes of action nat said applicant or spouse may have against the Nebraska Liquor Control Commission and any other idividual disclosing or releasing said information to the Nebraska Liquor Control Commission. If pouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards re still required to be filed.

he undersigned understand and acknowledge that any license issued, based on the information ibmitted in this application, is subject to cancellation if the information contained herein is complete and inaccurate.

Signature of Spouse (if applicable)

Alle J Stellens
Signature of Applicant

Subscribed in my presence and sworn to before ne this 15th day of WARCH 2005

Subscribed in my presence and sworn to before me this _/ St day of _MARCH _2005

I le E Abel

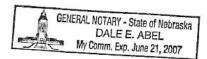
Notary Signature & Seal

Jale & Abel

Notary Signature & Seal

GENERAL NOTARY - State of Nebraska
DALE E. ABEL
My Comm. Exp. June 21, 2007

Verify and Print



FORM 35-4013 REV. 2/01

Attachment for question #1 -

PECEIVED
MAR 2 2005

CONTROL CONTROL

Michael R. Korsakas - Careless Driving, Lincoln, May 1998

Cindy L. Korsakas - None

Bruce D. Bailey - None since license application for KABB, LLC.

Derek L. Breemes - Speeding, Kansas City, MO., Aug. 2003

Christine R. Breemes - None

Ty L. Burkey - Speeding, Lincoln, Dec. 2004
Disobey Traffic Control Device, Lincoln, Aug. 2004
Speeding, Lincoln, May 2004
Speeding, West Point, Mar. 2004
Speeding, Lincoln, Nov. 2003

David R. Sutko - Driving Under Influence - 1st, Plattsmouth, Jul. 2003 Engaged In Speed Contest, Lincoln, Jan. 1998

Jennifer B. Sutko - Speeding, Aurora, Jul. 2001

Jennifer L. Rowse - NONE

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

NSTRUCTIONS:) Application and application iplicate) Fingerprint cards (2 cards per ockholder owning over 25% chanager and d) all spouses) Information regarding spouse equired areas marked by a red	or person) must be sult of the stock, b) chief es must be completed			2 2005 A GIGING DESTINATION
Name of Corporation That Wil	ll Hold License. Atta	ch copy of	Total Number	of Shares (if
Articles of Incorporation Sekips Inc. *			5,000	*
Corporate Street Address 2300 Judson	Mailing a	address for receipt of	Liquor Control (Commission
************************************	particular to the second secon	rístolwood Pl.	*	
Corporate Telephone Number +02/477-1175 *	City Líncoln *	County Lancaster	State	ACCEPTAGE AND ADDRESS OF THE ACCEPTAGE AND AD
Jame of Registered Agent		Name of Proposed N	Manager	
Michael R. Korsakas	*	Derek L. Breemes		*
IN THIS SECTION L	IST THE NAME O	F THE CHIEF EXI	ECUTIVE OFF	ICER
ame Pavid R. Sutko	*	Title President	The second secon	te of Birth *
	Home Address (1) 5210 NW 7th	*	City Líncoln	*
$\frac{\text{tate}}{JE} * \frac{\text{Zip Code}}{68521} * - \Gamma$		Home Telephon 402/477-0173		
PRINCIPLE OFFICERS, 1	DIRECTORS, STO	CKHOLDERS, ME	MBERS AND S	SPOUSES

Social

Security

Number

Date of

Birth

Title

ame of Officers, Directors, Members and

pouses. Give Last Name, First Name,

Iiddle, Maiden, and any aliases

Name				
Sutko, David Ryan	507-17-9168	07/20/71	President	
Spouse Name				
Sutko, Jennifer Beth, McMaster	505-23-2967	02/21/74	N/A	
Partner Number of Shares / % 17	Spouse Numb	er of Shares / 9	% N/A	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	
Name Breemes, Derek Lee Spouse Name	506-92-2872	12/03/66	Vice-President	
Breemes, Christine Renee, Znamenacek	508-06-3185	04/30/67	N/A	
'artner Number of Shares / % 16.5	Spouse Number of Shares / % N/A			
Jame of Officers, Directors, Members and pouses. Give Last Name, First Name, Aiddle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	
Jame Burkey, Ty Lee	505-96-7339	03/30/69	Vice-President	
pouse Name ### Rowse, Jennifer Lynn	508-19-5274	06/07/1975	N/A	
artner Number of Shares / % 28	Spouse Numbe	r of Shares / %	WA	
lame of Officers, Directors, Members and pouses. Give Last Name, First Name, Iiddle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	
lame Bailey, Bruce Danie!	508-62-4941	06/14/47	Secretary	
pouse Name				
artner Number of Shares / % 22	Spouse Number	of Shares / %		
ame of Officers, Directors, Members and pouses. Give Last Name, First Name, liddle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	

5-4183			Page 3
Vame		9	2
Korsakas, Michael Raymond	506-74-7178	05/03/60	Treasurer
Spouse Name			
Korsakas, Cíndy Lou, Taylor	508-90-5083	03/14/60	N/A
Partner Number of Shares / % 16.5	Spouse Numb	er of Shares / %	, NACCENTE
f Necessary, Continue on Separate Sheet)			MAR 2 2005
			DEGRAPA
			STATE COMMISSION
			268
3 this Corporation/LLC controlled by another	Corporation?		
les C No 6			
lame of control Corporation			
1/A			
	E		
YES, LIST EACH STOCKHOLDER/MEME orporation/LCC. Any applicant who has a Cornart listing all shareholders and/or corporation ercentage of stock owned.	poration as a shar	eholder MUST	file an organizational
lease indicate below your corporate tax year warting date: 01/01/05 Ending date: 12/3	ith the IRS	ψ	
tate of Melizas Ra.			
tate of <u>Melraska</u>) <u>Hancaster</u> County)	S.	AGENERAL NOTARY - St. KATHLEEN N My Comm. Ex	
		D Da	1 1
Notary Public Signature & Seal	05 By	President	/Member

n Compliance with ADA, this form is available

in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Secretary/Member

Verify Form and Print

FORM 35-4183 REV. 02/01

Page 4 ot 4

